STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Assurecare Adult Home, LLC
Assurecare Adult Home LLC #2
4813 144th Street E
Tacoma, WA 98446

RE: Assurecare Adult Home LLC #2 License # 752662

Dear Provider:

This letter addresses Compliance Determination(s) 80303 (Completion Date 07/10/2026) and 71438 (Completion Date 01/20/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/10/2026 and found that you have corrected the violations listed in the Full report dated 01/20/2026. Your home is back in compliance as of 02/04/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10285-2, WAC 388-76-10285-1, WAC 388-76-10435-2-a

The Department staff who did the on-site verification:
Lindsay Trent, Adult Family Home Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 752662	Compliance Determination #71438
Plan of Correction	Assurecare Adult Home LLC #2	Completion Date
Page 1 of 4	Licensee: Assurecare Adult Home, LLC	01/20/2026

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 01/13/2026 and 01/14/2026 of:
Assurecare Adult Home LLC #2
10902 47th Ave SW
Lakewood, WA 98499

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lindsay Trent, Adult Family Home Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 01/28/2026 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Marcelina S. Macandog — Provider (or Representative) — 02-04-2026 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 7 employees (Caregiver B) completed an initial Tuberculosis (an infectious disease) within three days of employment and failed to ensure 3 of 7 employees (Caregivers A, B and C) completed a two-step skin test for Tuberculosis (TB) with the second step completed one to three weeks after the first test. This failure resulted in residents receiving care from employees who had not completed TB testing.

Findings included...

On 01/13/2025 at 11:00AM, Caregiver B and Caregiver C were observed working with residents in the AFH.

On 01/14/2026, review of the AFH's Personnel Records showed the following:

Caregiver A was hired on 12/05/2025, and was tested for TB on 12/09/2025. There was no documentation showing a second TB test was completed.

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Caregiver B was hired on 09/02/2025, and was tested for TB on 09/11/2025. There was no documentation showing that an initial TB test was completed within three days of hire and there was no documentation showing a second TB test was completed.

Caregiver C was hired on 12/01/2025, and was tested for TB on 12/02/2025. There was no documentation showing a second TB test was completed.

During a telephone interview on 01/15/2026 at 12:40PM. The Provider stated that they were not able to locate any additional TB testing for Caregivers A, B, and C.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Assurecare Adult Home LLC #2 is or will be in compliance with this law and / or regulation on (Date) 2-4-2026.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Maraline S. Macandog — Provider (or Representative)

02-04-2026 — Date

WAC 388-76-10435 Medication refusal.

(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:

(a) The home must notify the resident's practitioner; unless

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home failed to notify the resident's practitioner when 1 of 2 residents (Resident 6) refused their medications. This failure resulted in Resident 6's practitioner not being notified when Resident 6 refused to take medication for an infection.

Findings included...

On 01/13/2026, review of an Emergency Department After Visit Summary dated 12/20/2025, showed that Resident 6 was treated for a bladder stone (hard lumps of minerals that form in the bladder and suprapubic catheter dysfunction [a medical device used to drain urine from the bladder]). The resident received orders for Bactrim

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DS (a medication that treats bacterial infections) one tablet two times per day for seven days.

On 01/13/2026, review of Resident 6's Medication Administration Records for December 2025 showed the staff documented that Resident 6 refused to take the Bactrim DS.

On 01/13/2026 at 12:35PM, observations of Resident 6's available medications showed a prefilled medication card for Bactrim DS, with nine pills remaining in the card.

During an interview on 01/13/2026 at 12:50PM, Caregiver C stated that Resident 6 refused to take the Bactrim DS but some of the Bactrim pills were removed from the medication pack when staff had attempted to administer the medication and the pills were discarded when the resident refused to take the medication.

During an interview on 01/13/2026 at 12:55PM, Caregiver D stated that the staff usually notified them (Caregiver D) when residents refused medications but they had not notified Resident 6's medical practitioner that Resident 6 had refused take the Bactrim and they were not able to locate documentation showing that another staff member had completed the notification. Caregiver D immediately notified medical practitioner and stated that they would try to find documentation showing the practitioner had been notified.

No further documentation showing the practitioner and been notified of Resident 6's refusals was received prior to completion of the inspection.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Assurecare Adult Home LLC #2 is or will be in compliance with this law and / or regulation on (Date) 2-4-2026.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Marcelino S. Macandog — Provider (or Representative)

02-04-2026 — Date

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PO Box 99250, Lakewood, WA 98496

Assurecare Adult Home, LLC
Assurecare Adult Home LLC #2
4813 144th Street E
Tacoma, WA 98446

RE: Assurecare Adult Home LLC #2 # 752662

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/20/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

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eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (01/20/2026), no later than 03/06/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(a) Do not hinder emergency escape; and

(9) Unless the resident chooses to provide their own furniture and bedding, the home must provide each resident a bed thirty-six inches or wider with:

(a) A clean, comfortable mattress;

Observations on 01/13/2026, showed that the beds in Bedrooms A, B and D were placed against the windows and would hinder escape in the event of an emergency and there was no bed provided for Resident 5 in Bedroom [redacted]. On 01/15/2026, the Provider stated that Resident 5's family wanted to purchase a different bed because Resident 5 was not happy with the bed the AFH provided. On 01/14/2026, the Provider sent documentation showing the beds in rooms A, B and D were moved away from the windows and documentation showing a bed was provided for Resident 5, prior to completion of the inspection to correct the deficiency.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

Review of records for Resident 4 and Resident 6 showed the Disclosure of Charges, Disclosure of Services, Medicaid Policy and signed Negotiated Care Plan for Resident 4 and the signed Negotiated Care Plan and current Disclosure of Services for Resident 6 were not available for review. The Provider located and sent the records to the Department prior to completion of the inspection to correct deficiency.

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WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

Review of Resident 6's Medication Administration Records for January 2026 and observations of Resident 6's as needed medications on 01/13/2026 showed Zofran (for nausea), Albuterol inhaler (for shortness of breath) and Seroquel (an anti-psychotic medication) were not available for administration. Caregiver D immediately order the medications from the pharmacy, and the Provider sent document to the Department showing the medication had been delivered prior to completion of the inspection to correct the deficiency.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

Review of the Adult Family Home's Personnel Records showed the following records were not readily available to Department staff: Home Orientation and Cardiopulmonary Resuscitation (CPR)/First Aid training for Caregivers A, B, D and F. Food Safety training for Caregivers A, B, C and F. Washington State and National Fingerprint Background Checks for Caregiver F. The Provider located the records and sent them to the Department prior to completion of the inspection to correct the deficiency.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

Review of the Adult Family Home's (AFH) Administrative Records showed a written Succession Plan, that addressed how the AFH would continue to provide care and

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services to residents in the event that the provider or entity representative was unable to fulfill their duties, was not available upon request of the Department. The Provider located and sent the Succession Plan to the Department prior to completion of the inspection to correct the deficiency.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A

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Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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